

Version 1

Utah State Dept. of Health
Division of Health Care Financing

ENCOUNTER RECORDS

837 INSTITUTIONAL
COMPANION GUIDE

**Utah Specific Transaction Instructions
ENCOUNTER RECORDS**

837 Health Care Claim: Institutional
ASCX12N 837 (004010X096A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837P Version 4010 implementation guide has been established as the standard of compliance. For encounter records, Utah Medicaid will implement the Addenda corrections for the Health Care Claim: Institutional (004010X096A1). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of encounter records. The form is available at http://www.health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 837 encounter records may be sent anytime 24 hours a day, 7 days a week.

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
HEADER					
59		BHT06	640	Claim or Encounter Identifier	"RP"
SUBMITTER					
63	1000A	NM109	67	Submitter Primary Identification Number	Electronic Address – Trading Partner Number (TPN)
77	2010AA	NM103	1035	Billing Provider Last or Organization Name	
84	2010AA	REF01	128	Reference ID Qualifier	"1D" – Medicaid Provider Number
84	2010AA	REF02	127	Billing Provider Secondary ID Number	Medicaid assigned number for the billing provider. Cannot be blank.
RECEIVER					
68	1000B	NM103	1035	Receiver Name	"Utah Medicaid - MCO"
68	1000B	NM109	67	Receiver Primary Identifier	"HT000004-002"
PATIENT INFORMATION					
146	2010CA	NM103	1035	Patient Last Name	
146	2010CA	NM104	1036	Patient First Name	
146	2010CA	NM105	1037	Patient Middle Name	
152	2010CA	DMG02	1251	Patient's Date of Birth	
152	2010CA	DMG03	1068	Patient Gender Code	"F", "M", or "U".

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153	2010CA	REF01	128	Reference Identification Qualifier – Secondary ID	“1W”
154	2010CA	REF02	127	Patient Secondary Identifier	Client PACMIS Number.
CLAIM INFORMATION					
158	2300	CLM01	1028	Patient Account Number	.
159	2300	CLM02	782	Total Claim Charge Amount	Amount charged by provider for service
159	2300	CLM05-1	1331	Facility Type Code (Type of Bill)	Use appropriate codes as identified in the UB92 Manual.
159	2300	CLM05-3	1325	Claim Frequency Code (Type of Bill)	“6” – Correction “7” – Replacement “8” - Void
161	2300	CLM09	1363	Release of Information From Client	
170	2300	DTP03	1251	Admission Date and Hour	CCYYMMDDHHMM
172	2300	CL103	1352	Patient Status Code	
227	2300	HI01-HI03	C022	Principal, Admitting, E-code Diagnosis Information	
232	2300	HI01-HI12	CO22	Other Diagnosis Information	
242	2300	HI01-2	C022	Principal Procedure Information	

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243	2300	HI01-4	1251	Date Time Period	Date of Surgery CCYYMMDD format
244	2300	HI01-HI12	C022	Other Procedure Information	
245	2300	HI01-4 thru HI12-4	1251	Date Time Period	Date of Surgery CCYYMMDD format
307	2300	QTY01	673	Quantity Qualifier	"CA" - covered days "NA" - non-covered days.
307	2300	QTY02	380	Claim Days Count	
322	2310A	NM103	1035	Attending Physician Last Name	
322	2310A	NM104	1036	Attending Physician First Name	
322	2310A	NM105	1037	Attending Physician Middle Name	
323	2310A	NM109	67	Attending Physician Primary Identifier	
329	2310B	NM103	1035	Operating Physician Last Name	
329	2310B	NM104	1036	Operating Physician First Name	
329	2310B	NM105	1037	Operating Physician Middle Name	
330	2310B	NM109	67	Operating Physician Primary Identifier	

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
COORDINATION OF BENEFITS INFORMATION - Loop should include MCO information. Repeat loop for other payers.					
371	2320	AMT02	782	COB Payer Prior Payment Amount	Amount paid by MCO or other payer for service
372	2320	AMT02	782	Allowed Amount	Amount allowed for service by MCO or other payer (if available).
446	2400	SV201	234	Revenue Code	
447	2400	SV202-2	234	Procedure Code	
448	2400	SV203	782	Service Line Charge Amount	
449	2400	SV205	380	Service Line Units	